



State of Ohio Environmental Protection Agency

Southwest District Office

401 East Fifth Street  
Dayton, Ohio 45402-2911

TELE: (937) 285-6357 FAX: (937) 285-6249  
www.epa.state.oh.us

Ted Strickland, Governor  
Lee Fisher, Lt. Governor  
Chris Korleski, Director

July 24, 2008

Lori Lytle, Superintendent  
Greenon Local School District  
500 Enon-Xenia Road  
Enon, OH 45323

**CERTIFIED LETTER**

**Re: Greenon High School WWTP, Clark County  
Self-Monitoring Report NOV – March 2008 through May 2008  
NPDES Permit No. 1PT00014\*AD/OH0040410**

Dear Ms. Lytle:

We have received your self-monitoring reports covering the months of March 2008 through May 2008 for the above-referenced facility. Our review indicates violations of the conditions of your NPDES permit. The specific instances of noncompliance and deficiencies were as follows:

Frequency Violations for Outfall 001					
Reporting Period	Parameter	Limit Type	Limit	Reported Value	Violation Date
March 2008	Nitrogen, Ammonia (NH3)	30D Conc	3.0	3.62	3/1/2008
April 2008	Nitrogen, Ammonia (NH3)	30D Conc	3.0	8.8	4/1/2008
April 2008	COD 5 day	30D Conc	10.0	11.	4/1/2008
April 2008	Nitrogen, Ammonia (NH3)	7D Conc	4.5	8.8	4/15/2008
May 2008	Total Suspended Solids	30D Conc	12.0	16.	5/1/2008

Please be advised that failure to comply with the effluent limitations or to satisfy the monitoring or reporting requirements of your NPDES permit may be cause for enforcement action pursuant to the Ohio Revised Code Chapter 6111.

Please inform this office, in writing, within ten days of receipt of this notification as to the reason for violations, as well as a description of the actions taken or proposed to prevent any further violations. Your response should include the dates, either actual or proposed, for completion of the actions.

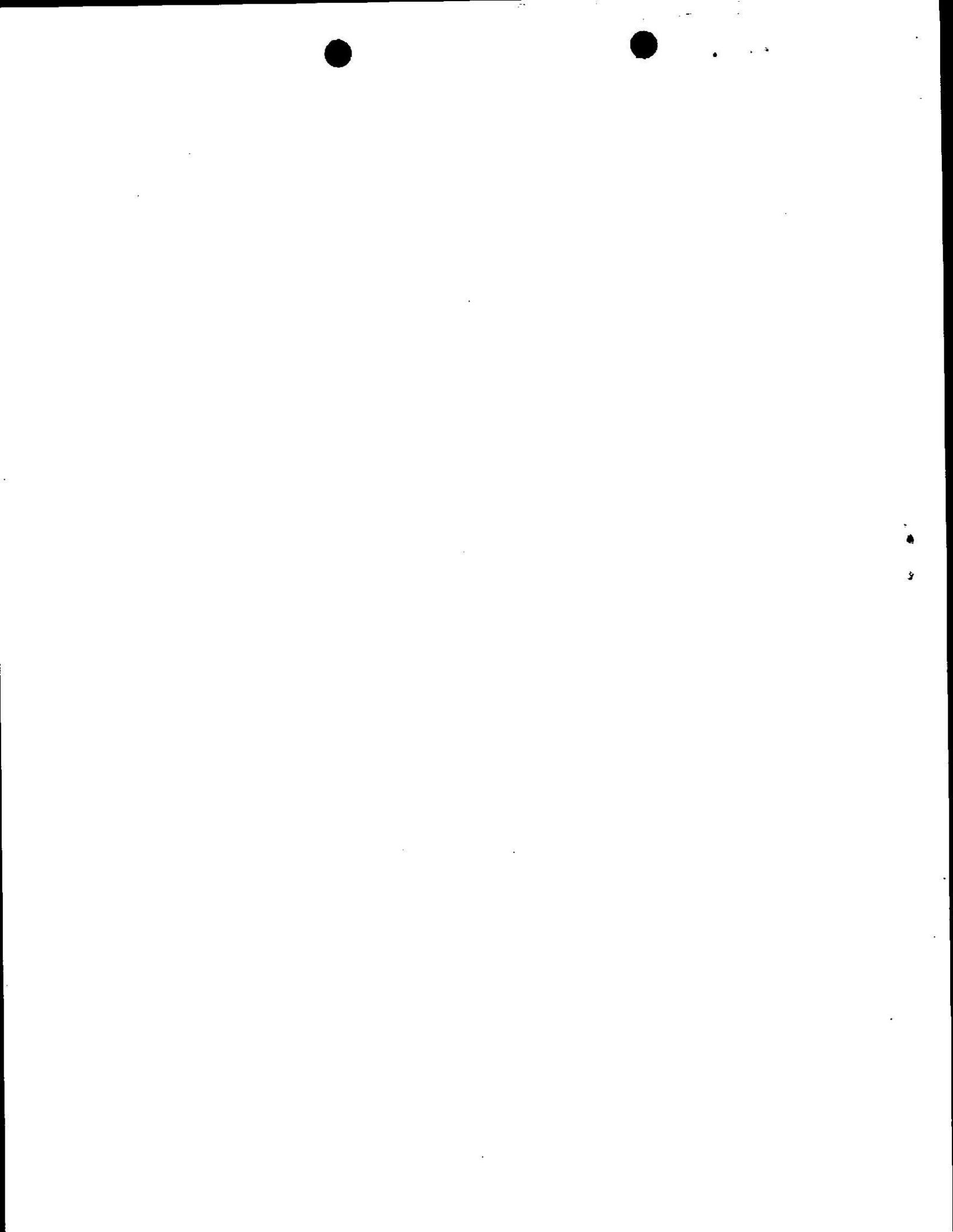
If you have any questions regarding the above, please contact me at (937) 285-6104.

Respectfully,

Sandra D. Leibfritz  
Division of Surface Water

cc: Clark County Health Department  
David Leist, Operator





U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

■ For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MAILED  
7/24/08

Postmark  
Here

Sandy L

Sent To  
Little Giamon Local Schools  
Street, Apt. No.  
or PO Box No. 300 Enon Kenia Rd.  
City, State, ZIP+4  
Enon Oh 45323

7007 0220 0001 2491 8797

## **Certified Mail Provides:**

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

### ***Important Reminders:***

- Certified Mail may **ONLY** be combined with First-Class Mail® or Priority Mail®.
- *Certified Mail is not available for any class of international mail.*
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MS LORI LYTLÉ  
 SUPERINTENDENT  
 GREENON LOCAL SCHOOLS  
 500 ENON XENIA ROAD  
 ENON OH 45323

2. Article Number

*(Transfer from service label)*

7007 0220 0001 2491 8797

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Bev Dean* Agent Addressee

B. Received by (Printed Name)

BEV DEAN

C. Date of Delivery

7-28-03

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

SANDRA LEIBFRITZ  
OHIO EPA- SWDO  
401 EAST FIFTH STREET  
DAYTON OH 45402 2911

